



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	eviously filed statement for the calendar year 2	2007.	
	LEGISLATOR INFORMATION		
Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/	Member of:	
BiLL DIAMOR	19	☐ House	🛭 Senate
Mailing address 26/ Win Sham Cer	iter as	District 12	
City, zip code	4	Phone	CB.11
Mancham, Ill	0. 04060R	207 892	8791
	E DERIVED FROM EMPLOYMENT BY ANO		
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation on ployer.	of \$1,000 or more	Specify the
Name of Employer	Address	Principal Type Activity of E	
Sharon Terry	Elan School-Paland Spany,	Mo. Privar	School
\mathcal{U}			
			Prince de describeration de la company de la
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	siness, if any, and list the major areas of ecership, firm, professional association, or simila	onomic activity from ar business entity,	om which you list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas o Activ (partnership, asso business	ity ciation or similar
Name:			
Address:	,		
Name:			· ·- · -, · · · · · · · · · · · · · · ·
Address:			

PART 2 (continued). INCOME DEF (For Legislators who		YMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	presents more than 10% of you entity or person from whom you	derived such income. If this form of
Name and Address of Source	A STATE OF THE STA	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	• .	
Name:		
Address:		
PART 3. MAJOR AR (For Legislators who are	e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list th	The state of the s	TAY
Name and Address of Firm	Major Āreas of Pra (self)	ectice Major Areas of Practice (firm)
Name:		
Address:		
Name: Address:	rik didamonaalib	
PART 4. OTHER SO	UPGES AE NGOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2,	A Committee of the Comm	e gifts. If none, check the box.
☐ None	À	
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Sharon Burd Young Address: 6 Karen Drive, Gardine, Me.	04345	Capital Gains - Sas
Name: 5 tale of Maine Address:	V V V V V V V V V V V V V V V V V V V	State Relirement
PART 5. REPORTA	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a r	ore that you received during the	reporting period, and list the major
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	2.57	
Address:		
PART 6. RÉPOR	100 00 com	
List the specific source of each gift of more than \$300. Include gifts wone, check the box.	with an aggregate value of more	e than \$300 from a single source. If
None .		
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	

*								
PART 7. REPORTABLE HONORARIA								
List the source of any honoraria accepted for appearances or speeches	related to y	our offic	cial duties. If none, check the	box.				
None	·	,						
Name of Source of Honoraria		Na	me of Source of Honoraria	the control of administrative control of the contro				
1. 3			•					
2. 4.	-							
PART 8. REPRESENTATION BI	EFORE ST.	ATE A	GENCIES					
List each executive branch agency before which you represented or a the box.	ssisted othe	rs for c	compensation of any amount	If none, check				
		End have some a constant a constant	· · · · · · · · · · · · · · · · · · ·					
Value of Agency Value of Agency		nangangan . a.	All and an analysis of the left and an analysis of the lef	egyelfi yanza instanli ngi manadalaria dalaria dalaria				
And the state of t	marin principality and the second		Name of Agency	E				
1.								
2. 4.	•	,						
PART 9. BUSINESS WITH STATE AGENCIES								
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.								
None	.Y. 3696-6-436-6-4		2° Andadone - Andrew	F TOTAL TOTA				
Name of Agency			Name of Agency	teration of the second of the				
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1. 3.		-1.						
2. 4.								
PART 10. INCOME RECEIVED BY ME	MBERS OF	IMME	DIATE FAMILY					
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. E "D" for income received by dependents.	of \$1,000 or Do not includ	more e gifts.	received by your spouse or Circle "S" for income receive	dependent child ed by spouse or				
Type of Economic Activity Representing Source of Income Received	Circ appror		Kind of Incom					
	lett	er						
1. State Retirement System	(Ŝ)	D	Stato Reline	ment				
2.	S	D	·	•				
3.	S	D		and the state of t				
4.	S	D		TOTAL AND THE STATE OF THE STAT				
SIGNATU	RE .	The state of the s						
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	ct to a fine	of \$10	per business day until the	report is filed.				

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

January 3, 08

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Please provide information you	any additional are providing.	information	below (ar	nd on add	ditional s	heets if i	needed).	Indicate	the	part or	section	number	for the
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